# EMPLOYMENT APPLICATION

**City of Monroe** 806 West Main Street Monroe, WA 98272-2198 (360) 794-7400 Fax: (360) 794-4007 www.ci.monroe.wa.us

It is the policy of the City of Monroe to afford equal opportunity to all employees and applicants for employment regardless of race, religion, color, sex, sexual orientation, being over 40 years of age, and national origin, as well as qualified individuals with disabilities, special disabled veterans, and Vietnam-era veterans, and any other group or class protected by law. The City of Monroe also promotes a drug-free and smoke-free work environment consistent with applicable law.

The City of Monroe only accepts applications for open positions, that is, any position that has been advertised to the public for which we are actively recruiting. General applications are not accepted to keep on file unless the position is open.

Please assemble application materials in this order: 1) City of Monroe Application Form; 2) Supplemental Questionnaire (if required); 3) Driving Record; 4) cover letter and resume, if desired; and 5) Affirmative Action/Equal Opportunity Form (voluntary).

Please complete the entire application even if you are providing a resume. An incomplete application may disqualify you.

Position Applied For:					Reference #:			
Person	al Data							
Name								
Last			First			M.I.		
Address:				21				
Daytime Ph	Street			City State Zip  Other names you have been known by, if any:				
·				Other names you have been known by, it any.		. o,,		
Evening Ph								
Educat	tion His	tory						
			High School/G.E.D.		rgraduate e/University	Graduate/ Professional		
School Nan	ne and Locati	on						
# Years Completed								
Year Graduated			Do Not Fill Out This Box					
Diploma/Degree								
Course of Study								
Describe any specialized training, apprenticeship, skills, etc.:								
Describe ar	ny honors you	received	:					
Certificatio	ns received:							
			nents, scholastic honors, honorary and other experiences or honors that					

#### **Employment History** Yes | Are you currently employed? Complete the following section in detail, most recent employer or current employer first (include military service, part-time, summer employment, self employment, volunteer, or temporary employment if applicable). You need not go back beyond 10 years. Please complete the following information, even if accompanied by a resume. May We Contact? Most Recent Employer: Telephone: Supervisor's Name: Yes Dates Employed: Street and/or Mailing Address: City: State/Zip: (month/yr) (month/yr) From: To: Your Position: Starting Ending Reason for Leaving (attach separate sheet Base Salary \$ if needed) Hourly Weekly Monthly Describe Major Work Duties (Attach separate sheet if needed): Previous Employer: May We Contact? Telephone: Supervisor's Name: Street and/or Mailing Address: City: State/Zip: Dates Employed: (month/yr) (month/yr) From: To: Your Position: Reason for Leaving (attach separate sheet Ending Starting Base Salary \$ if needed) Hourly Weekly Monthly Describe Major Work Duties (Attach separate sheet if needed): May We Contact? Previous Employer: Telephone: Supervisor's Name: Yes No Street and/or Mailing Address: City: State/Zip: Dates Employed: (month/yr) (month/yr)

(Attach additional pages if needed)

Starting

Weekly

Base Salary \$

Hourly

Describe Major Work Duties (Attach separate sheet if needed):

To:

Reason for Leaving (attach separate sheet

From:

if needed)

Ending

Monthly

Your Position:

### **Job Requirements** Willing to Any Shift: Weekend Full-time Part-time Temporary: Seasonal: Work: Shift: work: work: When would you be available to begin work, if offered a position at the City? If position requires, are you available for overtime: Yes No Check areas of experience/training (if applicable for applied position): Administrative: \_ Typing (\_\_\_\_ wpm) \_\_\_\_\_ Shorthand (\_\_\_ wpm) \_\_\_\_\_ Data Entry (\_\_ wpm) \_\_\_\_\_ 10 key (\_\_ touch \_\_ sight) Word Processing Spreadsheet Personal Computer Presentation Other (please list: \_\_\_\_\_ **Technical/Maintenance:** Machines Operated (please list: Tools Used (please list: Other: Any other skills related to the position applied for (please list): **General Information for All Positions** Have you ever been employed with the City of Monroe? Yes No If yes, when: Are you currently on "lay-off" status with another employer and subject to recall? Yes No If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. Yes No citizenship or verification of your legal right to work in the U.S.? If employment is offered, can you produce personal identification such as a U.S. passport, a driver's No license or photographic identification card issued by the state? Have you ever been fired from a job or asked to resign? If so, please describe circumstances: Yes No Within the last 10 years, have you been convicted of a felony? Conviction of a crime does not Yes No necessarily disqualify you from employment). If yes, explain nature of offense and date: Yes Are you under 18? No How did you become interested in the City of Monroe? Web Page Employment Agency Newspaper/Journal Friend/ Other: City Relative Employee Except for vacation days and holidays taken pursuant to your employer's policies, how many days were you absent from work during the past two years, combined?

16-20 days

21 + days

Agency Referral (if so, what agency:

Referred by (if applicable):

0-5 days

5-10 days

City Employee (if so, by whom: \_ )

11-15 days

### **Professional References**

Please provide the names and business telephone numbers of people who are familiar with your work experience and technical competence in the field for which you are applying, preferably professional/technical associates and/or past supervisors with whom you have worked and give us permission to contact. (Please do not list personal references).

references).	1	T	I
Name:	Title:	Business Telephone:	Business/Professional Relationship
Name:	Title:	Business Telephone:	Business/Professional Relationship
Name:	Title:	Business Telephone:	Business/Professional Relationship
Access to Children	n or Vulnerable Pe	rsons Background Inf	formation
defined in RCW Ch. 43.43 are 43.43.832 or to a federal law e are seeking a position as an en or developmentally disabled pomoroe, you must disclose when the second control of t	hereby notified that the City of I inforcement agency to conduct a aployee or a volunteer where you ersons or vulnerable adults durin ether you have:	Monroe may make an inquiry to the background check as described in R a will or may have unsupervised accept the course of your employment or	ess to children under 16 years of age involvement with the City of
Had findings made against you 43.43.830 (relating to domestic	ı in any civil adjudicative positio	on $(e.g.$ by a judge or an administratineglect, or exploitation or financial $\epsilon$	ve agency) as defined in RCW
	had findings entered against you libe:	u in any civil adjudicative proceeding	g as defined in RCW 43.43.830
		any of the above questions, or if you as to how to answer and explain what	
Please read the followin	g carefully before signing	this application:	
employers, including relevant persons or corporations reque	facts and opinions about my	work and work habits, and I release ation, and I release the City of Mon	nformation about me from previous se from liability or responsibility all aroe from liability for obtaining such
have attended to provide trans	cripts and degree status. I under		institutions and trade schools that I cademic credential or to falsely claim ( initial here).
	oyed, false statements or incorr		ify me from further consideration for shall be considered justification for

	licies and procedures, although I understand that my agreement to do so the City of Monroe or any promise of specific treatment by the City of
agreement or civil service rule) and that no contract between	nless it conflicts with provisions of any binding collective bargaining a myself and the City of Monroe is created by my completion of this ment, or my receiving benefits of employment of any type ( initial
I further understand that the City of Monroe may change my we discretion ( initial here).	ork assignments, schedules, and/or locations at the City of Monroe's sole
U.S. citizenship, or my legal authorization to work in the U.S.	Ionroe it is contingent on my ability to furnish proof of my identity and S., as required by federal law. Failure to do so and/or lack of proper imployment) will result in termination per the Immigration Reform and
I CERTIFY (OR DECLARE) UNDER PENALTY OF PAPPLICATION IS TRUE AND CORRECT.	ERJURY THAT THE INFORMATION ON THE FOREGOING
Date and Place of Signing (Revised: 2/8/2006)	Signature

# **CITY OF MONROE**

## DRIVING RECORD

Jame (Please	Print)	(To be comple	eted with ap	oplication)		
·						
Last	Last			First		
ist of all notic ast five years.		es or traffic citations (	other than par	king tickets)	which you have	e received in the
State		Month/Year		Type of Inf		
Fractions or citanking employme		ssarily remove you from co	onsideration. Th	e City may, hov	vever, consider yo	ur driving record wh
		s true to the best of my k	nowledge. I und	lerstand that p	providing false inf	formation is cause t
		s or dismissal from emplo			<b>9</b>	
gned:					Date:	
esources if the particles in RCV	position applied fow 46.52.130(11).	ferences will be checked, or entails operation of a of Driving abstracts may be alist's own expense.	commercial vehi	icle or school b	ous, or other oper	ation of a vehicle
ity Driving S	Standards:					
required to p	resent a valid Wa	n the occupant is expect ashington State driver's dicants will be disqualif	license with an	y necessary er	ndorsements. Dr	•
within the Accident	he preceding five tts: More than or	wo moving traffic violate e years; or driving while ne motor vehicle accide	intoxicated wi nt within the pr	thin the precede eceding three	ding five years. years for which	the applicant
received contend		ninal citation and was co	onvicted, forfeit	ed bail, or ent	ered a plea of "g	uilty" or "nolo
	R DECLARE) U IS TRUE AND C	NDER PENALTY OF EORRECT.	PERJURY THA	AT THE INFO	ORMATION ON	THE FOREGO
ate and Place of Revised: 2/8/200			Signature			